

Mental health services for children and youth in Tennessee.

The purpose of this survey is to gather information about services for children and youth with mental health needs in Tennessee. Please think about the services provided in your area and tell us what you want us to know by completing this survey.

The information from this survey will be summarized at a statewide and regional level for the purpose of informing the Select Committee on Children and Youth related to Senate Joint Resolution 799 of the current status of mental health services to children and youth in Tennessee.

1. Please indicate your County of Residence:_____

2. Are you a:

☐ Youth

☐ Parent

☐ Parenting a child related to me – grandparent or other (please circle one)

☐ DCS Case Manager

☐ Mental Health Practitioner (social worker, psychologist, therapist)

☐ Mental Health Administrator

☐ Mental Health provider

☐ Primary Care Provider (physician, pediatrician, etc.)

☐ Juvenile Court Judge or staff

☐ Child Advocate

☐ Other, please list your role:_____

3. What aspects of children's mental health are most important to you?

☐ Transportation

☐ Access to appropriate mental health services

☐ Access to appropriate treatment services

☐ Access to qualified treatment personnel

☐ Insurance coverage

☐ Adequate Provider network

☐ Program funding

☐ Staff Training

☐ Communication

☐ Availability of Community Programs

☐ Other, please list:_____

4. What do you think are the strengths in children's mental health services in your community?

5. Is there a place to get mental health services for children and families in your community?

If not, how far do you have to travel for services?

6. What do you need help with the most for your child's or your own mental health needs, or for the mental health needs of the children and families you serve?

7. What do you consider to be the greatest barrier(s) to getting needed mental health services for children in your community?

Instructions: Please indicate your level agreement or disagreement with the following statements.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
8	There are adequate mental health services for children in Tennessee.					
9	There are adequate mental health services for children in my community.					
10	There is good coordination of services between the agencies I utilize.					
11	Caregivers and family members are active participants in their loved ones' treatment planning					
12	Caregivers and family members are active participants in their loved ones' treatment					
13	Caregivers' and family members' participation is valued					
14	In my community, it is difficult to access mental health services for children.					
15	In Tennessee, it is difficult to access mental health services for children.					

Thank you for your assistance in completing this survey.

Survey Site/Target Audience TCCY Website date administered _____